

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/001681 FILING DATE  
APPLICANT(S)

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2			/			
3						
4		2	/			
5		2	/			
6		2	/			
7		2	/			
8		2	/			
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49						
50						
TOTAL IND.	1		1			
TOTAL DEP.	7		14			
TOTAL CLAIMS	18		15			

CLAIMS

*	*	*	*
IND.	DEP.	IND.	DEP.
51			
52			
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99			
100			
TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS